

# NEVADA SECRETARY OF STATE

## REQUEST FOR LIST OF REGISTERED VOTERS



Name: \_\_\_\_\_

(Please **Print** your **full** name)

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Organization: \_\_\_\_\_

If Political Party, are you a : *(must check one below)*

☐ Committee Member of a Minor Party

☐ State or County Central Executive Committee Member of a Major Party

☐ Candidate

☐ Other (Please Specify): \_\_\_\_\_

Mailing Address: **(No P.O. Boxes):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-☐: \_\_\_\_\_

*~ Applicant Is Responsible For Verifying Accuracy Of Request ~*  
Contact the Office of the Secretary of State — Customer Service (775) 684-5708 with any discrepancies.

### 1. Select Jurisdiction *(One Only)*

☐ **Statewide**

☐ **Countywide** for  
County/Countries: \_\_\_\_\_

☐ **Congressional Dist. #** \_\_\_\_\_ for  
County/Countries: \_\_\_\_\_

☐ **Senate District #** \_\_\_\_\_ for  
County/Countries: \_\_\_\_\_

☐ **Assembly District #** \_\_\_\_\_

☐ **Education Dist. #** \_\_\_\_\_ for  
County/Countries: \_\_\_\_\_

☐ **Regent District #** \_\_\_\_\_

### 2. Custom Search

☐ **By Registration Date:**

☐ Today to 6 Months

☐ 6 Months to 1 Year

☐ **By Political Party**

☐ Republican

☐ Democratic

☐ Non-Partisan

☐ Other:

☐ **By Precinct #:** \_\_\_\_\_ in  
County/Countries: \_\_\_\_\_

☐ **By Age (range):** \_\_\_\_\_ to \_\_\_\_\_

### 3. Select Format *(On which media type would you like the information?)*

☐ **Electronic File Format**

☐ MS Excel

☐ MS Access

☐ CSV

☐ Fixed Width

☐ **CD ROM *(Delivery Method)***

☐ Will Pick Up

☐ Please Mail

*"I certify that the information requested will be used only for purposes authorized by local, state and/or federal law. Additionally, any political party, any political party committee member or candidate requesting such information, who receives information requested on this form free of charge, is prohibited by NRS 293.441 from using that information for purposes not related to an election and from selling such information for any reason." "I further declare to the best of my knowledge under penalty of perjury, and acknowledge that pursuant to NRS239.330, it is a **category C felony** to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State."*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_